

4856

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>171</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>565</u>
Town of <u>Inspiration</u>			Local Registrar No. _____
or _____			
City of _____			
2. Full name of child <u>Miriam Louise Brown</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>7</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	7. Date of birth <u>Aug 18 - 1923</u>
		If child is not yet named, make supplemental report, as directed.	
8. FATHER		11. MOTHER	
Full name <u>Edward Reece Leon</u>		Full maiden name <u>Cora Neustachaus</u>	
9. Residence (Usual place of abode) <u>Inspiration</u>		15. Residence (Usual place of abode) <u>Inspiration</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>W</u>		16. Color or race <u>W</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Ellet Co - Kentucky</u>		18. Birthplace (city or place) <u>Eden Ariz.</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>N.W.</u>	
Nature of industry <u>Copper Co.</u>		Nature of industry _____	
20. Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>4</u>	
		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:00</u> A.M. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>R. L. Larson, M.D.</u>		(Physician or midwife)	
Address <u>Inspiration, Ariz.</u>			
Given name added from a supplemental report _____		Month, day, year. _____	
Registrar. _____		Filed <u>Sept 30</u> 19 <u>23</u> <u>R. E. Dwin</u>	
		Filed <u>Oct 3</u> 19 <u>23</u> <u>B. G. Joy</u>	
		County Registrar.	

595-818-344